



"Let us build on what we have instead of adding to the divisions"

Dear Editor:

The responses presented by Drs. Pruitt, Erickson and Harrison to Dr. Winterstein's suggestion of separating the "chiropractor" from the "chiropractic physician" (*DC*, July 10, 2000) range from the ludicrous to the intelligent (though possibly misguided). I am not saying that I agree with either point of view, however, the point of contention has been missed once again. Most arguments revolve around what the *scope of practice* of a licensed chiropractic doctor is, was, or will become. However, some of the participants in this argument attempt to equate the *scope of practice of chiropractic doctors* with the term **chiropractic**. These two are not equivalent, never have been, and never will be.

Do we attempt to define what "chiropractic" is or is not by what the founder **said** it was, or by **what he did**? D.D. Palmer used many different types of treatment, including diet and naturopathic methods. I have never read, in any of his three books, any instance in which he stated that these were "chiropractic," and I don't believe he regarded them as such. That he used them can only mean one thing: D.D. Palmer thought that these methods had something to offer and that they were within his rights to use on patients. The fact is, D.D. Palmer used chiropractic and **other** methods in his chiropractic practice.

A pitfall very rarely missed by the opponents in this continuing argument is the *a priori* assumption that everything a chiropractic doctor does falls under the definition of what "chiropractic" is, rather than being rightly placed in the category of the allowed scope of practice of chiropractic doctors.

If a person makes the assumption that what a chiropractic doctor does is equivalent to chiropractic, they must also assume that what a medical doctor does is medicine and what an osteopath does is osteopathy. As some medical doctors take their patients' temperatures, applying the aforementioned logic, this must be medicine. But if an osteopath does this same procedure, are they practicing medicine, or is it osteopathy? What of the chiropractic doctor who does this as well? Can taking a patient's temperature be all **three**? Of course not: taking a patient's temperature is **not** medicine, **not** osteopathy and **not** chiropractic. It is a diagnostic procedure used by health care professionals on occasion to arrive at a diagnosis. Likewise, telling a patient to drink enough water is not medicine, nor osteopathy, nor chiropractic; it is educating your patient on the importance of water intake.

Both of these examples clearly illustrate the crux of the problem. Both are within the scope of practice of all three types of doctors, and yet, neither are limited to one. They are within the scope of practice of the three, but they are **not** those three.

To some, this may seem like a trivial distinction, but if one looks at the medical professions, it is easy to see the differences and demarcations within it. In chiropractic, we have those distinctions as well, and we already have a system in place. It may be wiser to expand upon the established system rather than add a nebulous term such as "chiropractic physician" which, incidentally, is already used by many, irrespective of treatment approach or postgraduate education.

I would suggest the following steps:

1) Revive the American College of Chiropractic Specialties (ACCS) as

a distinct organization, separate from our political organizations, and as the accrediting agency. The ACCS would oversee all educational programs and testing procedures for their member boards.

2) Establish the necessary specialty boards under the ACCS either by assimilation of existing ones or the formation of new ones.

3) Promote of the specialists within and without the profession.

This approach would be much more feasible than adding yet another modifier to "chiropractic" which would only serve to confuse the public more. We already have chiropractic radiologists, chiropractic orthopedists, chiropractic pediatricians, chiropractic internists, chiropractic neurologists, *ad nauseum*. Let us build on what we have instead of adding to the divisions.

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